

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-733C	2. Fiscal Year Covered From: 01/01/2004 Through 12/31/2004
3. Name and address of person filing. Name CHARLES TABOURN P.O. Box, Bldg., Room No., if any Street 665 N. BROAD STREET City PHILADELPHIA State PENNSYLVANIA ZIP Code + 4 19123	4. Name, file number, and address of labor organization. Name LABORERS DISTRICT COUNCIL OF PHILADELPHIA Labor Organization File Number 008-145 P.O. Box, Building and Room Number, if any Street 665 N. BROAD STREET City PHILADELPHIA State PENNSYLVANIA ZIP Code + 4 19123
5. Position in labor organization. FIELD REPRESENTATIVE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)
This report is signed with a good faith recollection of reported events and/or benefits but without complete records.

Signed

Charles Tabourn

On **8/16/2005**

Date

215-684-2090

Telephone Number

Street _____
 City Philadelphia
 State Pennsylvania ZIP Code + 4 19122

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name same _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

I am a trustee of this Fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement of airfare and expenses for my attendance at an educational conferences held 04/27/04 - 05/02/04 and 11/30/04 - 12/04/04.

12.b. Amount.

\$2,607

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.